

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/590605

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL CLAIMS | 17 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL IND. | | | ↓ | | ↓ | |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |